

21 Independent Certified Registered Nurse Practitioner (CRNP)

Independent certified registered nurse practitioners (CRNP) who are certified by the appropriate national organization as a family nurse practitioner, pediatric nurse practitioner, or neonatal nurse practitioner may participate in the Alabama Medicaid Program.

The policy provisions for nurse practitioners can be found in the *Alabama Medicaid Agency Administrative Code*, Chapter 49.

21.1 Enrollment

EDS enrolls nurse practitioners and issues provider contracts to applicants who meet the licensure and/or certification requirements of the state of Alabama, the Code of Federal Regulations, the *Alabama Medicaid Agency Administrative Code*, and the *Alabama Medicaid Provider Manual*.

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

A CRNP may not enroll with Medicaid if he or she is employed and reimbursed by a facility, such as a hospital or rural health clinic, that receives reimbursement from the Alabama Medicaid Program for services provided by the nurse practitioner. In this case, the CRNP services are already being paid through that facility's cost report.

Provider Number, Type, and Specialty

A provider who contracts with Medicaid as an Independent CRNP is issued a nine-digit Alabama Medicaid provider number that enables the provider to submit requests and receive reimbursements for CRNP-related claims.

NOTE:

All nine digits are required when filing a claim.

Independent CRNPs are assigned a provider type of 58 (Independent Nurse Practitioner). Valid specialties for Independent CRNPs include the following:

- EPSDT Screening (E3)
- Family Practice (08)
- Neonatology (NI)
- Nurse Practitioner (N3)
- Pediatrics (37)

Enrollment Policy for Independent CRNP Providers

To participate in the Alabama Medicaid Program, nurse practitioners must meet the following requirements:

- Proof of current Alabama registered nurse licensure card
- Copy of current certification as a certified registered nurse practitioner in the appropriate area of practice (family, pediatric or neonatal) from a national certifying agency recognized by Medicaid

21.2 Benefits and Limitations

This section describes program-specific benefits and limitations. Refer to Chapter 3, Verifying Recipient Eligibility, for general benefit information and limitations.

Independent CRNPs may only bill and be directly reimbursed for those services that are listed in this manual.

For services performed by a CRNP to be covered, a CRNP must be under the supervision of a licensed, active Medicaid physician.

NOTE:

Payment will be made only for injectable drugs, select CPT codes identified in Appendix O, and all CLIA-certified laboratory services. EPSDT services will be covered only if the CRNP is enrolled in the EPSDT program.

The CRNP can make physician-required visits to nursing facilities. However, a CRNP can not make physician required inpatient visits to hospitals or other institutional settings to qualify for payment to the physician or to satisfy current regulations as physician visits. CRNP and PA services have been expanded. Please refer to Chapter 28, Physician, and Appendix O for additional information.

21.3 Prior Authorization and Referral Requirements

CRNP procedure codes generally do not require prior authorization. Refer to Chapter 4, Obtaining Prior Authorization, for general guidelines.

When filing claims for recipients enrolled in the Patient 1st Program, refer to Chapter 39, Patient 1st to determine whether your services require a referral from the Primary Medical Provider (PMP).

Some procedure codes are limited as EPSDT-referred services only. Those services require an EPSDT referral form in the patient's medical record. Refer to Appendix A, EPSDT, for more information on obtaining a referral through the EPSDT Program. Refer to Appendix E, Medicaid Forms, for a sample of the Alabama Medicaid Agency Referral Form (form 362).

21.4 Cost Sharing (Copayment)

The copayment amount is \$1.00 per visit including crossovers. The copayment does not apply to services provided for pregnant women, nursing facility residents, recipients less than 18 years of age, emergencies, and family planning.

The provider may not deny services to any eligible Medicaid recipient because of the recipient's inability to pay the cost-sharing (copayment) amount imposed.

21.5 Completing the Claim Form

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

Nurse practitioners who bill Medicaid claims electronically receive the following benefits:

- Quicker claim processing turnaround
- Immediate claim correction
- Enhanced online adjustment functions
- Improved access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

➤ Electronic claims submission can save you time and money. The system alerts you to common errors and allows you to correct and resubmit claims online.

NOTE:

When filing a claim on paper, a CMS-1500 claim form is required. Medicare-related claims must be filed using the Medical Medicaid/Medicare-related Claim Form.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

21.5.1 Time Limit for Filing Claims

Medicaid requires all claims for Independent CRNPs to be filed within one year of the date of service. Refer to Section 5.1.4, Filing Limits, for more information regarding timely filing limits and exceptions.

21.5.2 Diagnosis Codes

The *International Classification of Diseases - 9th Revision - Clinical Modification* (ICD-9-CM) manual lists required diagnosis codes. These manuals may be obtained by contacting the American Medical Association, P.O. Box 10950, Chicago, IL 60610.

NOTE:

ICD-9 diagnosis codes must be listed to the highest number of digits possible (3, 4, or 5 digits). Do not use decimal points in the diagnosis code field.

21.5.3 *Procedure Codes and Modifiers*

CRNP services are **limited** to the CPT codes found in Appendix O, CRNP and PA Services, injectable drug codes found in Appendix H, Alabama Medicaid Physician Drug Listing, and all laboratory services, which are CLIA certified.

Refer to Appendix A, EPSDT, for procedure codes for Vaccines for Children (VFC). The (837) Professional, Institutional and Dental electronic claims and the paper claim have been modified to accept up to four Procedure Code Modifiers.

21.5.4 *Place of Service Codes*

The following place of service codes apply when filing claims for CRNP services:

<i>POS Code</i>	<i>Description</i>
11	Office
12	Home
22	Outpatient Hospital
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility or Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
54	Intermediate Care Facility/Mentally Retarded
71	State or Local Public Health Clinic
72	Rural Health Clinic

21.5.5 *Required Attachments*

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to the following circumstances:

- Claims With Third Party Denials

NOTE:

When an attachment is required, a hard copy CMS-1500 claim form must be submitted.

Refer to Section 5.7, Required Attachments, for more information on attachments.

21.6 *For More Information*

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find It
CMS-1500 Claim Filing Instructions	Section 5.2
Medical Medicaid/Medicare-related Claim Filing Instructions	Section 5.6.1
Electronic Media Claims (EMC) Submission Guidelines	Appendix B
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N
CRNP and PA Services	Appendix O